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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/06 (08-00)

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

6680.040

10082039

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(c))	5	minus 20 = * 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$ 370
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL	355

RATE	FEE
	\$ 0
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	** 20
	Independent (37 CFR 1.16(b))	Minus	*** 3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	**
	Independent (37 CFR 1.16(b))	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	**
	Independent (37 CFR 1.16(b))	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

TOTAL  
ADDIT. FEE

TOTAL  
ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: Box Fee Application  
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